

## ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

**Southern Indiana Rehabilitation Hospital**City: New Albany County: Floyd Year: **2004**

Provider Type: Rehabilitation Hospital

<b>I. Inpatient Care</b>				
<b>Hospital Service Description</b>	<b>Number of Set Up Beds</b>	<b>Number of Discharges</b>	<b>Number of Patient Days</b>	<b>Average Charge Per Discharge</b>
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Med/Surg	0	0	0	\$0
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	0	0	0	\$0
Neonatal Intermed	0	0	0	\$0
Obstetrics	0	0	0	\$0
Pediatric	0	0	0	\$0

Psychiatric	0	0	0	\$0
Rehabilitation	60	974	13,070	\$30,517
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	0	0	NA
Acute Subtotal	60	974	13,070	NA
Normal Newborn	0	0	0	\$0

## II. Outpatient Visits

Total Annual Outpatient Visits	0
Number of Visits to Emergency Department	0

## Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

N - Ambulance Service (Owned)	N - Alcohol/Drug Service	Y - Anesthesia Services
Y - Audiology	Y - Blood Bank	N - Cardiac Cath Lab
N - Cardiac-Thoracic Surgery	N - Chemotherapy Service	N - Chiropractic Service
Y - CT Scanner	Y - Dental Service	Y - Dietetic Service

N - Extracorporeal Lithotripter	N - Gerontological Service	N - Home Health Service
N - Hospice	N - Laboratory Anatomical	Y - Laboratory Clinical
Y - Magnetic Resonance (MRI)	N - Neonatal Nursery	N - Neurosurgical Service
Y - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
N - Ophthalmic Surgery	N - Optometric Service	N - Organ Bank
Y - Organ Transplant	N - Orthopedic Surgery	Y - Pharmacy
Y - Physical Therapy	N - PET Imaging	N - Postoperative Recovery
N - Psychiatric Emergency	N - Psychiatric Child	N - Psychiatric Forensic
N - Psychiatric Geriatric	Y - Radiology Diagnostic	N - Radiology Therapeutic
N - Reconstructive Surgery	Y - Respiratory Care	Y - Rehab Inpat CARF
N- Rehab Inpat Non CARF Acc	Y- Rehab Outpatient	N- Renal Dialysis
Y - Social Services	Y - Speech Pathology	N - Surgical Inpatient
N - Surgical Outpatient	N - Trauma Center Certified	N - Transplant Cnt Medicare
N - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported
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